



**CONSISTENCY
DETERMINATION
SUBMITTAL PROCEDURES
AND APPLICATION
P-16**

Development Services

Planning Department

1635 Faraday Avenue

(760) 602-4610

www.carlsbadca.gov

What you need to give us:

- Application form **(signed by the owner(s) of the property unless applicant has sufficient legal interest in the property.)**
- Fee (See current fee schedule for cost)
- Detailed written description of the proposed revision(s)
- Two (2) sets of your site plan **folded to 8 ½ x 11**
- Revised site plans and/or elevations and floor plans
- Exhibits/plans/tables, which provide a comparable analysis of the existing project and proposed revised project

WHEN and WHERE to submit:

Your application may be submitted at the Planning Department counter at 1635 Faraday Avenue, from 7:30 a.m. to 4:30 p.m. Monday through Thursday or 8:00 a.m. to 4:00 p.m. on Friday.

HOW your application is processed:

After a submittal is made, the project planner and project engineer will be assigned the project.

Written responses to your submittal will be mailed following the planning and engineering review (and other departments as applicable) and should be received by you within thirty days after the review date. Please keep in mind that additional information may be requested in order to make a consistency determination and project issues of concern.

Upon approval of a Consistency Determination, the Planning Director will request the project applicant to submit two (2) blue-line copies (24"x36") of all Consistency Determination exhibits to be stamped "Consistency Determination." Also, you may need to provide the City with a reproducible 24"x36" mylar copy of an amended Site Plan which must be stamped "Consistency Determination" to obtain the Planning Director's signature.

Please review Policy 35 (attached) to determine if your project qualifies for a Consistency Determination.

CITY OF CARLSBAD APPLICATION FORM FOR CONSISTENCY DETERMINATION APPLICATION

CITY USE ONLY					
Project Number: _____					
PROJECT NAME: _____					
Assessor's Parcel Number(s): _____					
OWNER NAME (Print or Type)			APPLICANT NAME (Print or Type)		
MAILING ADDRESS			MAILING ADDRESS		
CITY AND STATE		ZIP	TELEPHONE		
DESCRIPTION OF PROPOSAL (ADD ATTACHMENT IF NECESSARY):					
WOULD YOU LIKE TO ORALLY PRESENT THE PROPOSED CHANGES TO YOUR ASSIGNED STAFF PLANNER/ ENGINEER?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
PLEASE LIST THE NAMES OF ALL STAFF MEMBERS YOU HAVE PREVIOUSLY SPOKEN TO REGARDING THIS PROJECT. IF NONE, PLEASE SO STATE.					
FOR CITY USE ONLY					
FEE REQUIRED/DATE FEE PAID: _____					
RECEIPT NO.: _____					
RECEIVED BY: _____					
Routing: Planning <input type="checkbox"/> Engineering <input type="checkbox"/> Fire <input type="checkbox"/> Other _____					